

COMPANY NAME:

THIS SHEET PREPARED BY:

PREPARER'S TELEPHONE NUMBER:

PREMIUM TAX CONTACT

Person to contact: _____
Mailing address: _____
City, State, Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Toll-free #: _____

IDAHO IN-STATE ADJUSTER CONTACT

Company name: _____
Person to contact: _____
Mailing address: _____
City, State, Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Toll-free #: _____

FORM 36 OUTSTANDING AWARDS

Person to contact: _____
Mailing address: _____
City, State, Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Toll-free #: _____

SECURITY CHANGES

Person to contact: _____
Mailing address: _____
City, State, Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Toll-free #: _____

IC-2/327 REPORT ON WORKERS' COMPENSATION MEDICAL-ONLY PAYMENTS WORKERS' COMPENSATION INDEMNITY PAYMENTS

Person to contact: _____
Mailing address: _____
City, State, Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Toll-free #: _____

ISIF (INDUSTRIAL SPECIAL INDEMNITY FUND) ASSESSMENT BILLING

Person to contact: _____
Mailing address: _____
City, State, Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Toll-free #: _____

Thank you for helping us work more efficiently with you. Please return the completed form to:

*Fiscal Section
Idaho Industrial Commission
P.O. Box 83720
Boise, Idaho 83720-0041*